

UNITED STATES SENATOR PAT TOOMEY

FLAG REQUEST FORM

REQUESTOR INFORMATION

Name		
Street Address	City	State/Zip
E-Mail Address	Phone Number	
G INFORMATION (If differen	nt than above)	
Name		
Street Address	City	State/Zip
FORMATION		
Please indicate i	f you would like your flag flown over the ODate flag is to be flown (if any): /	
	information you would like to appear on t	
Please indicate any	illiormation you would like to appear on t	ne accompanying certificat
Please indicate any	information you would like to appear on t	ne accompanying certificat
Please indicate any	miormation you would like to appear on t	ine decompanying certificat

ATTENTION: PLEASE VISIT TOOMEY.SENATE.GOV AND CLICK ON THE FLAG REQUEST TAB AND MAKE SURE THAT THE FORM YOU ARE USING HAS THE MOST RECENT PRICES. THANK YOU

Quantity	Size	Fabric	Price (If Flying)	Price (If Not Flying)	Total Cost
	3x5	Nylon	\$21.00	\$14.00	
	3x5	Cotton	\$22.00	\$15.00	
	4x6	Nylon	\$26.00	\$19.00	
	5x8	Nylon	\$31.00	\$24.00	
	5x8	Cotton	\$34.00	\$27.00	

Please call our office at (202) 224-4254 for any questions you may have regarding flags. Send this form, along with a check or money order payable to **The Keeper of the Stationery**,

Office of Senator Pat Toomey ATTN: Flag Coordinator 248 Russell Senate Office Building Washington, DC 20510

OFFICE USE ONLY:								
Date Received	Date Processed	Date Mailed	Staff Initials					